



Gravette Fire Department  
Ambulance Service  
Membership Agreement

Acknowledgement

I (the primary applicant and any others covered, if applicable) understand that this Membership is not an insurance policy and does not reduce the obligation of any third party payer. I understand that I must use the services of Gravette Fire Department Ambulance Service to be eligible for membership benefits, and that emergency calls have first priority. If insured, I understand that the membership limits my out-of-pocket cost related to ambulance transports covered by insurance for medically necessary ground ambulance transportation. I also understand that other area fire department ambulances assist with the medical emergencies and that the membership does not pay for those services.

Medically Necessary:

Medically necessary ground ambulance service is defined as the specific need for emergency care to and from a hospital where other forms of transportation would be medically inappropriate given a patient's condition.

Membership Coverage:

The single membership covers the primary applicant only. The family (Household) membership covers those residing at the residence. All must be on the application.

Membership Fee/Assignment of Rights:

By paying the membership fee, I consent to all terms and conditions of the membership agreement, I understand that the membership fee is nonrefundable and nontransferable. I assign the ambulance service all relevant rights and benefits of all health insurance policies or plans and any other benefits or plans which provide coverage for ambulance services.

Membership Period:

Membership will be valid for a period of one year, and are effective immediately after signed membership has been processed.

Consent to third party Reimbursement:

I understand that, as a member, I will make available all medical insurance and benefits information to the Gravette Fire Department Ambulance Service. I understand that I am ultimately responsible for payment of any service provided to me which are not medical necessary.

"I have read and agree to the Membership Agreement of this service. I also authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carries and to my insurance carriers and to the ambulance service information concerning my medical history for any ambulance transport. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to this ambulance service."

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Gravette Fire Department Ambulance Service

2011 Membership Application

Primary Member's Name

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ (last 4 digits)

Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Household Members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_

I have read and agree to the membership agreement of this service. I also authorize any holder of medical information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries/carriers, or to my insurance carrier, and ambulance service information concerning my medical history for any ambulance transport. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to this ambulance service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Make payable to: Gravette Fire Dept., 604 First Ave SE, Gravette, AR 72736